

MEETING REGISTRATION FORM



June 11-15, 2022
Phoenix Convention Center West Building
Phoenix, Arizona

IMPORTANT DATES **April 29:** Early Bird deadline.
June 3: Mail and phone registrations must be received.
June 10: Online registrations must be received before midnight
(Onsite registration will be available at an increased rate.)

REGISTRATION INFORMATION

Please type or print clearly.

ASHP ID Number: _____

Name: _____
FIRST MIDDLE LAST

Title: _____

Name for Badge: _____

Home Address: _____
STREET

CITY STATE ZIP

Employer/School (required): _____

Employer/School Address: _____
STREET

CITY STATE ZIP

Daytime Phone: _____ Fax: _____

E-mail (required for meeting confirmation): _____

Graduation Date (requested for all, required for students and residents): _____

Check here if this is a new address.

What is your primary position?
(please check one)

- Director
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist-General
- Clinical Pharmacist-Specialist
- Faculty
- Resident
- Student
- Technician
- Physician
- Nurse
- Medication/Patient Safety Officer
- Informatics/Technology Specialist
- Other: _____

By registering for this meeting, you agree to receive marketing and informational emails from ASHP and its partners for products and services, and agree that any information you provide may be stored, processed and/or transmitted by ASHP and its service providers in accordance with the ASHP Privacy Policy, available to view at www.ashp.org/privacy-policy.

METHOD OF PAYMENT

Charge to: MasterCard VISA AMEX Discover

Total (from the other side) \$ _____

Card #: _____ SM22

Expiration Date: _____

Signature: _____

By authorizing this charge, I certify that the above registration information is true and correct, and agree to be responsible for any additional charges incurred pursuant to this meeting registration.

- Check or money order payable to ASHP attached. Checks must be drawn on a U.S. bank in U.S. funds.
- Purchase Order: For invoicing purposes, please submit your purchase order along with your registration form.

THREE WAYS TO REGISTER

- ONLINE at summer.ashp.org
- CALL TOLL-FREE 1-866-849-9828
- MAIL registration form with check or money order payable to ASHP. Checks must be drawn on a U.S. bank in U.S. funds.
ASHP Customer Registration Center
c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030
ashpregistration@spargoinc.com

CANCELLATION POLICY

All registration cancellations are subject to a \$75 handling charge and no refunds will be issued after May 27, 2022. In the event that the in-person meeting is canceled, ASHP will provide a full refund.

Please Note: Payments to ASHP are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Only additional donations to the ASHP Research and Education Foundation are tax deductible.

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SUMMER MEETING FEES

Registration fees include all education sessions from any of the four consecutive communities; exhibit program; Grand Opening Reception; and lunch on Monday/Tuesday.

<input type="checkbox"/> Full Registration Fee	ASHP Member	Non-member	
Early Bird Registration (on or before April 29)	FM <input type="checkbox"/> \$695	FN <input type="checkbox"/> \$1120	\$ _____
Advance Registration (April 30–June 10)	FM <input type="checkbox"/> \$765	FN <input type="checkbox"/> \$1190	\$ _____
Onsite Registration (June 11 - June 15)	FM <input type="checkbox"/> \$880	FN <input type="checkbox"/> \$1505	\$ _____
<input type="checkbox"/> Resident Fee	RM <input type="checkbox"/> \$440	RN <input type="checkbox"/> \$510	\$ _____
<input type="checkbox"/> Pharmacy Technician Fee	TM <input type="checkbox"/> \$440	TN <input type="checkbox"/> \$510	\$ _____
<input type="checkbox"/> Student Fee (Full-time undergraduate or postgraduate pharmacy students) Graduation date required to qualify for student fees: _____	SM <input type="checkbox"/> \$275	SN <input type="checkbox"/> \$340	
<input type="checkbox"/> Retired Fee	FRM <input type="checkbox"/> \$440	FRN <input type="checkbox"/> \$510	\$ _____
<input type="checkbox"/> Physician/Nurse (Flat rate)		MDRN <input type="checkbox"/> \$760	\$ _____

ONE DAY REGISTRATION FEES

Please indicate which day(s) you will be attending (includes meeting sessions and exhibits only).

- Sunday Monday Tuesday Wednesday \$ _____
 OM One Day, Member \$380/day ON One Day, Non-member \$550/day

CHOOSE YOUR PRIMARY MEETING

Please select one of our four concurrent meetings to be your primary community. All attendees will still have complete and total access to all sessions and events happening at any of the four meetings.



Influencers and Innovators



Medication Safety



Community Pharmacy/
Ambulatory Care



Specialty Pharmacy

BCSCP INTENSIVE SESSIONS RECERTIFICATION PACKAGE

Throughout the Summer Meetings, certain education sessions will be designated for Compounded Sterile Preparations Pharmacy (BCSCP) recertification credit. Any attendee may attend the live sessions; however, attendees seeking recertification credit must select the package below (additional fee). Each package includes the recorded sessions plus the recertification assessments (6.25 total hours). Recertification hours will apply to the year in which the assessment is completed.

- SM22SCIS BCSCP Intensive Sessions Recertification Package \$50 \$ _____

SPECIAL EVENTS

- Harvey A.K. Whitney Lecture Award and Dinner \$160 x _____ tickets \$ _____
 Tax-deductible donation to the ASHP Research and Education Foundation \$ _____

*Tickets for the Grand Opening Reception and tickets for daily lunches are available for purchase onsite only

ASHP Meeting Terms & Conditions and Privacy Policy
The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in any ASHP in-person or virtual meeting or event.
To read these documents, visit the **REGISTER** page at summer.ashp.org.

TOTAL FEES \$ _____

SM22